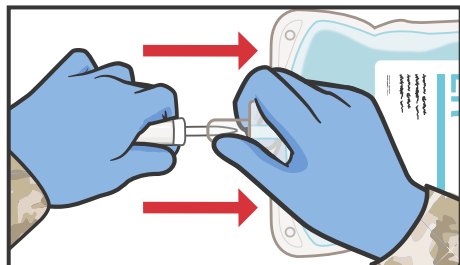


HUMERAL INTRAOSSEOUS (EZ-IO®)



CONSIDER body substance isolation.

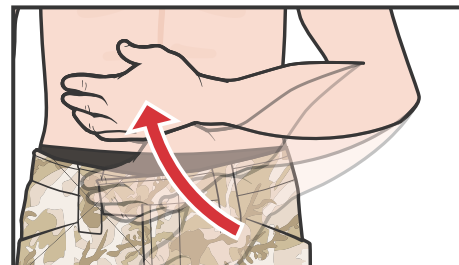
NOTE: If a Combat Lifesaver is available, direct them to assist.



02 SPIKE intravenous (IV) bag and properly prepare IV tubing.

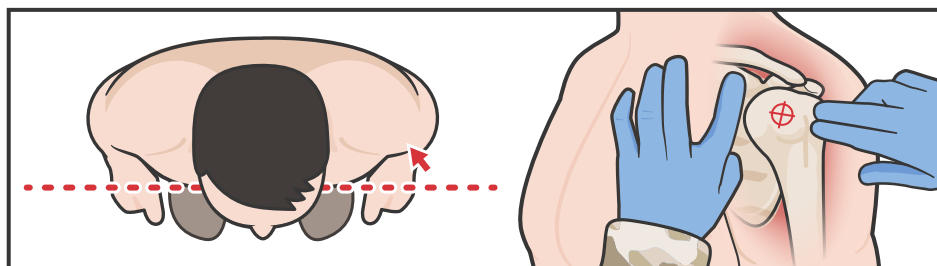


03 PRIME the IO extension tubing with sterile IV solution using aseptic technique. Replace saline with sterile IV solution.



04 HAVE the casualty place their hand over their umbilicus and adduct the casualty's arm.

STEP 4 NOTE: Causes medial rotation of elbow and humerus to provide greater prominence of the insertion site.

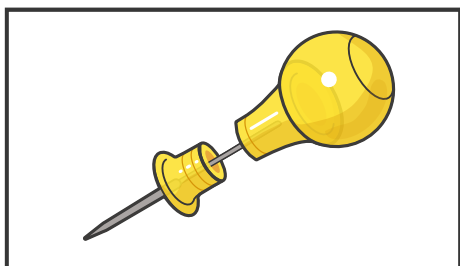


05 PALPATE the greater tubercle of the proximal humerus and then the surgical neck below that landmark. The ideal insertion site is 1 cm above the surgical neck.

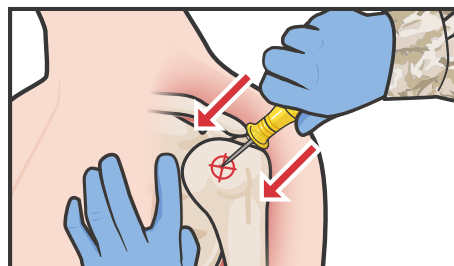
NOTE: The surgical neck of the humerus is just below the greater tubercle of the proximal tubercle (and should feel like a golf ball on a tee).



06 CLEAN site with alcohol or povidone-iodine pad.

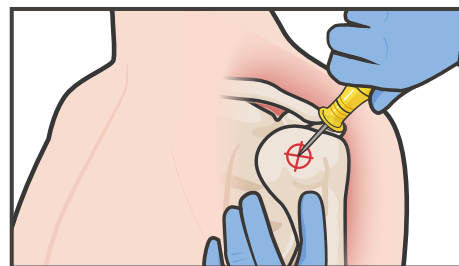


07 LOCATE the proper EZ-IO cartridge. If using a mechanical driver, open the EZ-IO cartridge and attach the needle set to the driver; you should feel a "snap" as the small magnet connects.



08 PREPARE the manual EZ-IO needle by removing the needle safety cap. If using the mechanical driver, remove the cap by momentarily powering the driver while holding the cap.

NOTE: Keep hands and fingers away from the needle.



09 While holding the driver or the needle set in your dominant hand, **STABILIZE** the arm near the insertion site with your nondominant hand.

10 IO driver of the needle set should be placed at a 45-degree angle to the plane of the arm.

Continued on next page...